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Abstract

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Keywords

Young Men’s Study, People of Color, Pan-Ethnicity, Youth, Sexuality, HIV Risk, and Men who have Sex with Me

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Studying HIV Risk in Vulnerable Communities: Methodological and Reporting Shortcomings in the Young Men's Study in New York City

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This article considers demographic categories used in the Young Men's Study on HIV risk for men who have sex with men. We critique oversimplified pan-ethnic categories and the polarization of US racial discourse. We also interrogate the use of certain gender and sexuality markers that produced confusing results in this study. We use a critical standpoint derived from cultural studies to suggest that quantitative and qualitative methods of studying health risks and intimate behaviors in vulnerable populations require reorganization to more accurately represent the lives of members of these groups. Interviews, surveys, and statistics can be crude and lacking in practical information. Finally, we address media and governmental response to the Young Men's Study, and the continued need for organizing across minoritized communities. Key Words: Young Men's Study, People of Color, Pan-Ethnicity, Youth, Sexuality, HIV Risk, and Men who have Sex with Men

Introduction

The social categories "Black," "White," "Latino" and "Asian" are sites continually contested and reinforced in North America, but they serve to delineate the racial landscape of most cities in the northeastern United States.¹ These terms indicate broad, pan-ethnic racial groupings, and pan-ethnic alliances allow for multiple nationally-defined (although, increasingly, internationally mobile) communities to be drawn together, often constructed as homogeneous. This reclassification is simultaneously an act of external collapsing and an opportunity for internal coalition building. It also generates tension among the various groupings, as their most visible identifications primarily determine and enforce boundaries. (So does she *look* Asian or does he *dance* like a Latino?). These boundaries can in turn obfuscate the various functions of "People of Color" (POC) organizing. As well, "Whiteness," as a category of analysis posited as independent of the complexity of pan-ethnic alliances, remains central to any racial discourse even as it also remains dangerously under-examined. While Whiteness is actually as complex as any other pan-ethnic category, its contents are often articulated as homogeneous, thus concretizing Whiteness as an oppositional concept.

¹ Due to the relative lack of empirical data addressing Native Americans, American Indians, or Alaskan Natives, our analysis remains within these four racial/ethnic groups only.

Terms such as POC become especially problematized when non-Whiteness and Whiteness are polarized, as if they were natural groupings, emerging with similar histories, out of similar grounds. In the last few years, we have seen economic and political factors breaking down barriers between certain racial groups and “Whiteness,” even while they make the new and privileged status of those groups more tenuous than ever. For Arab Americans, for example, their identity as people of color gradually (and unevenly) slipped away through most of the 1990s and, then, radically swung back into place after September 11th, 2001 (Ahmad, 2002). We speak to the ambivalence of these pan-ethnic categories: For example, how one can be Latino in terms of US racial constructs, but often read as White on the basis of skin color (Vidal-Ortiz, 2004), or how someone can be racially categorized as Asian, but achieve a “White” status in terms of professional-economic class. How are these people, these scenarios, situated in terms of POC classifications and alliances?

We consider this study of HIV risk because, as Paula Treichler (1999) and others have said, AIDS is an “epidemic of signification,” and because it allows us to think about flows of information and the fluidity of categories, racial, national, gender, and sexual, particularly with respect to research and policy decisions. We focus on the Young Men’s Study (YMS) conducted in New York City, as well as our own research/organizing experience, to illustrate our argument. Having worked with communities of color and queer² organizations in New York, as community organizers, social workers, and sociological researchers, the authors of this paper have frequently observed how HIV/AIDS is deployed to define communal categories (see, for instance, Mukherjea, 2004). The AIDS crisis has been determinative in reshaping and defining the bounds of LGBT (Lesbian/Gay/Bisexual/Transgender) and immigrant communities, and community-based organizations in the US. Now that the post-World Trade Center state sharply turns attention to the ecology of nation, war, terrorism, and immigration, we are reminded that the consideration of HIV risk and the uses of related information provide a lens for examining the shifting processes and effects of communal identity formation.

Sexuality and gender intersect with the categories of race and nation, such that research on HIV risk requires us to unpack all the above terms. In other words, labels such as “men who have sex with men [MSM],” like the labels “men,” “Asian,” or “Latino” offer us an array of opportunities for identifying and questioning social positions with respect to risk. These terms, however, also encode problematic assumptions and stereotypes that permeate behavioral and social science research: Namely, each grouping is conflated with certain “typical” behaviors. Thus, we argue, as have AIDS activists, since Michael Callen’s early writings of the mid-1980s, that alternative imagery or more variegated description of lived experience would better address apparent contradictions such as gay identified men who have had and/or continue to have sex with women, or transgender and transsexual categorization within studies that focus on men or, else, self-described bisexuals who choose to identify as either queer or

² “Queer” is often a self-descriptor but also functions as a politicized term for those who are active in gay liberationist, feminist, or similar politics and as a broad umbrella term to include all those who, on the basis of their sexual practices or social convictions, stand in contradiction to the expectations of patriarchal, heterosexist social norms. For a recent example that illustrates this ideological feminist and sexual liberatory posture, refer to Pierce (2003). Following the work of scholars like Cantú (1999), we do not pose as oppositional queer and of color—in fact, our argument looks at how they overlap.

straight. We interrogate the mixed motivations and affects attached to the production of a solid taxonomy of sexual behaviors, sexualized identities, and homogenized, over-simplified populations that facilitate “community studies” and public health. The functional limitations of quantitative research on sexuality lead to dangerously concretized, falsified representations of social behavior. This article calls attention to some of those dangers in one recent major study on HIV risk, offering a critique for similar, future implementations.³

The Problem

This article considers the limitations and the possibilities of strategically using pan-ethnic groupings and definitions in efforts to monitor and retard the spread of HIV in minority communities. We interrogate the tacit centrality of Whiteness in the production of pan-ethnic movements, especially as the boundaries of the “White” category fluctuate in terms of who is included in this grouping at any given time. We then present an overview of the Young Men’s Study, its methods, and the reasons it has become so significant in its reception by the media and the government. This paper seeks to consider and critique its methodology and presumptions in terms of the categories, racial, gendered, and sexual, on which this and many other epidemiological studies of HIV risk pivot.

Our narrative history of the context and significance of this study goes back to the New York City Pride March of 1999. Then, Mayor Rudolph Giuliani had decided to join the parade with *Fire-Flag*, the lesbian and gay firefighters’ organization. In the days leading up to the event, his office had repeatedly contacted *Heritage of Pride*, the organizers of the annual event, asking that his contingent be moved forward in the line of groups to emphasize the importance of Giuliani to all city matters. To accommodate his request, *Fire-Flag* was placed with the *Log Cabin Republicans* and, therefore, closer to the front of the parade than in their original configuration. Although Giuliani’s administration had wanted him to lead the parade, long-standing *Heritage of Pride* policies to prioritize the placement of women and of people of color groups did not allow for this. So, on the day of the march, police officers created a physical breach in the POC section, and the mayor and the groups with whom he was marching divided the contingent as they entered the parade, leading to confusion, to harassment, and to a disavowal of the privileges queers of color had previously been afforded: to regulate their own groups in an alliance with each other; and to occupy a position of primacy in the parade.

The distress that POC groups felt at this disruption, and which they expressed in verbal protests along the march route and in a joint open letter submitted to the mayor’s office and the Pride organizers in the following weeks, conflicted with the need march

³ As part of this research project, we uncovered discourses on sexuality and race by the use of content analysis and archival documentation methodologies. We reviewed government documents (in particular health-related missives such as the Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report*), media coverage, press releases, and medical and social scientific databases, especially documents published or made available since 2000, in order to follow the impact of the YMS in the American imagination of various racial and sexual minority groups. We also reviewed archived documentation from community based sources such as *The Audre Lorde Project*.

organizers felt to acknowledge and protect the sanction a high-profile figure like Giuliani had offered to the mainstream gay movement in the city. To understand and appreciate the joint politics of race, gender, and sexuality seemed risky from this perspective because the gay rights movement remains fragile, still in need of whatever support it can garner for itself from those with political or economic influence. We argue that precisely because we live in a time of intensifying crisis with respect to sexuality-based civil and human rights, to the HIV/AIDS epidemic, and to the further amplification of race and class-based inequities in US cities, social analysts and activists must attend more carefully than ever to the intersections of race, class, gender, and sexuality as they determine the trajectories of marginalized communities.

This article is divided into four sections. What follows is a review of relevant literature and the rationale for our arguments. Following that is our discussion of the Young Men's Study (phases I and II) and our critique of their NYC sampling methods. Next, we use the media coverage and the government responses to the YMS as material to frame some crucial methodological questions emerging from the discussion. We conclude with some remarks on needed critical understandings of sexuality and racial categories in future HIV risk studies. Our argument concerns the general ill-fit of a relatively simple quantitative analysis with data that was collected in a more open-ended and impressionistic style. Along with our stance that the sampling methods themselves skewed the findings of the YMS, we feel that what information was collected was done so through a complicated series of interactions between interviewer and interviewee, including translation of the questions into other languages and interpretation of technical terms into common parlance. The Young Men's Study was unique and potentially exemplary in its broadness of scope: a longitudinal, multi-site study aiming to, and funded to, interview young men who have sex with men across the spectrum of experience and identification categories. These are exactly the sorts of studies that are done too seldom and need to be done much more frequently in order to bolster existing prevention programs, and to provide effective testing and treatment for high-risk communities. Because of this, some of the YMS reports were presented or read in such vague terms that they allowed for complex information to be portrayed in the media in reductive and misleading racial and sexual terms. (for a much-read example, see Herbert, 2001)

An “Epidemic of Signification” and Pitfalls of HIV/AIDS Discourse

We use a study on HIV risk factors to consider the public formulations of race, masculinity, and sexuality because AIDS has served as an “epidemic of signification” (Treichler, 1999), functioning to heighten tension and attention around issues of social inequity and marginality. Particularly since the emergence of the antiretroviral “cocktail” (multi-drug therapy) in 1996, when the public health focus shifted from the resultant syndrome to the causative virus (see, for instance, Rofes, 1998), AIDS existed in the social imagination as a political phenomenon with a set of signifiers, meanings, and associations that we use to define and redefine our understandings of communities, practices, and identities. Male homosexuality and Black masculinity have surely been re-conceptualized in light of their different associations with HIV risk and prevalence. Similarly, intra-venous (IV) drug use, harm reduction programs, and the elements of safer

sex have entered into the public discourse as aspects of the epidemic. Indeed, the very term “epidemic” has changed as we have come to conceive of such an event as possibly chronic and dynamic, as has been the HIV/AIDS epidemic over two long decades and across the globe rather than acute, localized, and concrete like influenza in 1918 or individual breakouts of cholera throughout the 19th century. We interrogate this study of MSM (men who have sex with men) related risk factors, then, not only in terms of prevention and treatment campaigns and the material experiences of young men, but also in terms of what might have been the social presumptions of the researchers who formulated the study, or of the journalists who reported its findings, and of the political effects of the media conversation it generated. It has long been an impediment in HIV research that most academics and clinicians, who are doing the important work of studying trends and patterns in the epidemic, are unlikely to have much common experience with those at highest risk for infection. Because of this, study subjects often view themselves very differently and with greater nuance than their researchers view them. The authors of this paper believe we can identify much of this dissent and interpret assumptions that researchers must have brought to the work from the ways in which this study was reported. Such meaning is of high importance in the lives of politically or economically marginalized people, who must negotiate various identities and communities in order to access resources and information.

Since the early days of the AIDS epidemic, the public health drive to contain wide-spread hysteria even as it used fear to contain contagion has led to an imprecise labeling of behaviors considered “risky” as well as identifying a “dangerous” population thought to practice them. The “general population,” then, is coded as safe, in being presumed innocent both of intimate knowledge regarding risky behaviors and personal experience of those practices (see Patton, 1990; Rofes, 1998; Treichler, 1999). This fictionalized general population comprises the expected readers of the mass media, the projected subjects of public health prevention campaigns, and those Americans who are granted the most legitimacy as national citizens, legally and culturally. As Cindy Patton writes about the discourse of HIV/AIDS in the late 80’s,

... the vague heterosexual, white, middle-class, non-addicted, etc., bodies that had once simply been ‘everyone else’ in relation to the deviants and minorities was soon more clearly marked as the citizen. The national pedagogy finally enabled the sociological ‘norm’ to take up a place in the late twentieth century’s most extensive discourse of the body. (Patton, 1990, p. 21)

Thus, to belong to a category marked as “high-risk” for HIV is not simply to face greater chances of seroconverting than the aforementioned general population, it is also to be marked by an association with maligned behaviors, their greater social connotations, and, most significantly, to be disenfranchised to some degree by that association. While not a new issue, this remains a compelling point for us and provides our political root in this article. We consider these broader social effects of the HIV/AIDS epidemic in terms of sociological concepts such as stigma.

In 1963, Erving Goffman wrote that there are three main types of stigma: deformities of the body that appear as abominations; blemishes of character; and the

“tribal” stigma of “race, nation, and religion.” These types of stigma all work in the same way; and, with the groups we mention here, they work in conjunction with each other. Visible, bodily stigma are said to indicate character deficiencies, and those can be linked “statistically” with stigmatized tribes such as gay men, African Americans, or poor immigrants. In the early years of the AIDS epidemic, the dark lesions of Kaposi’s Sarcoma (KS) pointed out those White men who were likely gay men with AIDS. Only those men who contracted the disease through homosexual sex developed KS as a result, but Black gay men often could not discern the lesions on their darker skin, somewhat alleviating the effect of this visible stigma for them, but frequently making early detection impossible as well. Goffman (1963, pp. 4-5) writes, “(by) definition, of course, we believe the person with a stigma is not quite human.... We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents.” In this article, we consider these stigma theories as they juxtapose and intersect with the production of risk categories in public health, especially as they apply to groups that are identified by their racial/social otherness.

Given these processes, Simon Watney’s 1989 critique remains very relevant: that, in the gulf between euphemistic individual-focused safer sex rhetoric (“You’re as safe as you want to be!”) and the many obstacles to effective community-based interventions, those most at risk for HIV actually have to contend with enormously over-determining social categories and their rigid associations. Echoing his argument, we believe that the clumsy employment of risk categories, in studying the spread of HIV and strategizing how to limit it, actually yields an artificial and inaccurate notion of the state of the epidemic, and further endangers many populations through the propagation of false associations amongst demographic categories, risky behaviors, and dangers to health.

Pan-ethnicity, Whiteness, and the People of Color Category

The study of ethno-racial and national identities challenges some of the traditionally state-imposed pan-ethnic categories. The concept of pan-ethnicity homogenizes groupings made up of peoples from religious, ethnic, and language communities that may be contentious or, at least, are always deeply varied and defined by distinct nations and sub-nations (see Espiritu, 1992; Flores, 2000; Lopez & Espiritu, 1990; Omi, 1996) . Labels such as pan-Asian and pan-Latino are created in part due to the political necessity of united fronts in the interest of internal coalitions. Yet, we must remember that pan-ethnicity is sustained by external combining: These groups may be largely cohesive from one perspective and heavily contested from many others. There are innumerable complications with pan-ethnic boundaries. Many people may well identify with two different categories: Hence, the contortions of demographic possibilities like “non-Black Hispanic” and “Asian and Pacific Islander.” One could be both Asian and Islamic or both Black and Latino or both White and Jewish, to cite common examples. Then, there are necessarily sub-groups within each pan-ethnic category as well as clashes and overlappings between the increasingly vaguely distinguished concepts of race and ethnicity. Many Puerto Ricans may share more experience with Chicanos, Native Americans, African Americans, or Pacific Islanders due to their experiences of colonization and militarization than to other Latinos (Bigler, 1999; Flores, 1993, 2000; Vidal-Ortiz, 2004). And, while professional-class Chinese and Japanese immigrants

present the symbolic “face” of Asian America, it is inappropriate to overly conflate the experiences of more recent immigrant groups such as the Hmong or Cambodians with, say, Koreans simply because they also qualify as Asian.

Thus, the term “people of color” continues to solidify symbolic ties that transcend cultural and physical markers, forcing us to consider the structural effects of power; class; ongoing US processes of deterritorialization and militarization; and the spatial segregation of cities and communities. We can, albeit with some reservations, think of it not just in opposition to Whiteness, but as providing a set of opportunities for coalition building and political advocacy. In this light, we want to consider Whiteness as an ever-changing and highly symbolic set of identifications and meanings that are determined by social and political circumstances rather than comprising a solid category of naturally defined groups. For example, Jews and Arabs have, to varying extents, been subsumed under the category of Whiteness for the past many decades, but it has been an incomplete and inconsistent absorption as the events of September 11th have shown. Arab Americans, previously counted as “White” (but still perpetually foreign) by census and other counters, have grown less obviously White, and more suspicious and marked.

The lack of fixedness or organic origin in the correlations between these ethnic categories and racial ones indicates the continual reconstruction of these groupings as the political and material circumstances of communities change. It is worth considering how race, gender, and sexuality have always been deeply tied such that, for example, Italian, Jewish, and Arab men have all, by turns, been depicted at points in 20th century US history as almost White, but also deviant in terms of masculinity measured against an Anglo norm. Asian Americans are the newest group to be located at the outer edges of the White identification, and this association expresses an even sharper irony since the racist legislation against the immigration of Asians into the US continued to be debated well into the latter half of the 20th century. The image of the predatory “Chinaman” through much of the 19th and 20th centuries (Fung, 1995) gave way to a prevalent image of Asians as innocuous in the extreme and largely asexual (Fung, 2001; also see, Glenn, 2002), a stereotype that seems borne out both in the undersampling and inadequate attention given to Asian men in the Young Men’s Study. In contradiction, of course, the stereotype of Black and Latino masculinity as collapsed into an irresponsible and aggressive *machismo* is borne out in those groups being constituted as risk factors in and of themselves.

Interpretations of research data are seldom disconnected from stereotypes and assumptions of seemingly homogeneous groups. In this case, pan-ethnicity collapses internal differences and eliminates other markers (individual, socio-economic and class-based, regional, etc.) through the privileging of a unified “Latino” or “Asian” culture that is supposed to dictate behavior accordingly. As a result, groups considered asexual are given less attention, or misplaced outside a “people of color” category, while others are assigned the burden of infectious capacity and thus assumed to be “of color” because of their imminent sexual threat; a threat that may or may not link them to *risky* sexual behaviors. After 25 years of HIV/AIDS and much popular discussion as to who places “us all” at risk, it is necessary to map the epidemic’s trajectory of blame.

Contested Terrains of Risk and Dangerous Bodies

Early in the AIDS epidemic, as the susceptibility of heterosexual populations was becoming apparent and before much was known about the virus leading to the syndrome, (White) male bisexuality was targeted as a major factor in the spread of the disease (Grover, 1988; Rodríguez Rust, 2000; Weinberg, Williams, & Pryor, 1994). Bisexuality in this context was figured as the deceptive conduct of homosexual men who led seemingly “normal” lives with wives and children and, yet, secretly engaged in high-risk sex with other men. The possibilities of sexual identification were intensely limited for functionally bisexual men as they were represented as fabricating the false face of a socially legitimated heterosexual lifestyle to hide their true, but hidden, homosexuality. This combined all the perverse threat of homosexuality with the added risk of concealment and deceit. In this framing, homosexuality remained the source of infection, the root of AIDS, while real heterosexuals and passively trusting wives were exposed to the danger only through the “bridge” of closeted male bisexuality. The “dirty” implications of bisexual behavior implied that identities were not as contained as before, and many perceived male bisexuality as a bridge to HIV infection for the so called “general” population even while the newly visible existence of male bisexuality eroded some of the walls between heterosexual and homosexual communities (see Rodríguez Rust’s 2000 volume for an extended discussion of this). While attention has shifted away from White bisexuality since the early 90’s, the characteristic “irresponsibility” of communities of color has been repeatedly suggested by journalists and researchers. Researchers, such as with the recent media flurry of articles about Black men on the “down-low” (DL), seem to assume that self-identified gays are generally White and a category standing in opposition to ultra-masculine and homophobic African American men who constitute their own homosexual acts through silence in their communities and through cheating on wives and girlfriends.

Through the 1990’s, permissible homosexuality was collapsed into an acceptable public image of a highly controlled commercial gayness: that is, the monogamously partnered, White or inter-racial, middle-to-upper-class homosexual couple as epitomized by those couples so visibly featured in Volkswagen’s advertisements in 1997 or Jaguar’s ads in 2001. Far from the seedy images of prevalent bathhouse sex, it is left unclear if these couples have sex at all. In these cases, homosexuality is identifiable, confinable, and associated with buying power and appropriate placement in configurations that emulate the nuclear family-type. It is neither so very foreign to nor so deviant from the White, affluent, patriarchal family that forms the spine of the American imagination; but as such, it is clearly divorced from associations with disease. That focus has shifted, instead, to Black “inner-city” men; and the media conversation about the DL subculture effectively combines elements of the earlier discourse about White male bisexuality with the more enduring one about men of color, too often leaving out any socio-structural understanding of risk factors and high-risk behavior. In this light, we turn to the YMS.

Detailing (and Discussing) the Young Men’s Survey

The Young Men’s Survey was initiated to expand appropriate prevention strategies among “young men who have sex with men” (YMSM) (MacKellar, Valleroy,

Karon, Lemp, & Janssen, 1996). This survey was initially conducted in 1992-1993, and was limited to San Francisco and Berkeley, California. In 1994-1998 this study was expanded to seven additional cities and focused on youth 15-22 years old. Then, in 1998-2000, Phase II of the Young Men's Survey was conducted in six cities, focusing on youth from 23-29 years of age (NASTAD, 2001). Both studies sampled residents in New York City.

Published data are available for phase I of the study, but to date no official publication results for phase II have been released. We propose that published articles from phase I can be used to also describe and critique phase II because the designs, sampling methods and data collection/analysis methods are similar, although the samples varied slightly because of the differences in targeted age groups (NASTAD, 2001). In addition, we have used the report written by Valleroy in a NASTAD's newsletter, Valleroy et al.'s presentation at the 8th Conference on Retroviruses and Opportunistic Infections, and the Centers for Disease Control's *Morbidity and Mortality Weekly Report* of June 1, 2001. We relied on the above publications and on conversations that followed the 2001 Conference on Retroviruses and Opportunistic Infections for the available New York City data to date. During our review of these materials, we focused on the methodological aspects to illustrate both limitations and contributions created by this study, as well as the impact of the messages embedded in this particular research implementation.

Phase I

Phase I of the Young Men's Survey used a cross-sectional, multi-site, venue-based survey design (MacKellar et al., 1996; Valleroy et al., 2000). Over 3,000 young men were recruited from venues where "young men who have sex with men" socialize, whether they were venues where sex took place or not. Venue-based sampling was done to limit the negative effects of household orientation and convenience samples (Valleroy et al.). Venues where participants were recruited included street "hang out" venues, dance clubs, bars, social organizations, businesses, parks, bathhouses, and other locations such as beaches. Even though street based YMSM venues were the ones of highest impact to the study, these did not include those "primarily attended by men with high HIV related risks, e.g., needle exchange programs, commercial sex locations" (Valleroy et al., p.199). Findings from this study indicated that there were significant relationships between HIV infection risk and racial minority status such as being "Black, mixed, or other race," ever having had anal sex with a man, having had sex with 20 male partners or more, or recruitment from a street venue. Men who were younger are less likely to become infected with HIV; as age increased, so did the risk and rates of infection, as illustrated in phase II.

Phase II

Phase II of the YMS surveyed over 2,400 YMSM. Sampling varied little from phase I, although the list of venues changed as new venues emerged (NASTAD, 2001). Inclusion criteria were changed in response to the results of the phase I that identified a significant relationship between aging and HIV incidence; the targeted age group in

phase II was 23-29 years. Similar to phase I, participants completed a 45-minute survey; asking about sexual behaviors and risk factors, a pre-counseling session, and provided a blood sample. In this sample, there were 30% African Americans, 15% Latinos, 3% Asians, and 7% Whites and, according to the result statistics, 1 in 10 YMSM was infected with HIV.

Sampling and Implementation Differences

The two phases of the YMS yielded different results. Unlike the national study findings, the New York City samples did not find that a higher number of partners or ever having been forced (type of force: physical, emotional, or financial--was unspecified) to have sex were predictors of greater risk for HIV infection, which the authors of this paper found surprising, given what we took for common sense in our own prior work as AIDS educators. This finding was in spite of questions in the national survey that asked if participants had sex in exchange for food, shelter, transportation, drugs, or money. The two phases and the NYC sampling had some methodological differences. In both the national and NYC surveys, race categorization was not a priority, and no over sampling was imposed when small numbers of certain groups (African Americans and Asians at some points in both studies) were participating.

There are some disparities between the YMS' presentation of its results and our own investigation. Sources from one of the sites personally communicated that during phase I, at least one region completed the study, then re-opened a sub-segment to sample particular groups (in this case, specifically targeting African American men). In this scenario, it was understood that more African American men were needed, not simply due to their lower enrollment, but because that sub-population was known to researchers to have a higher level prevalence of HIV than others. Likewise, our research in a similar project has confirmed that sex work venues were indeed used to obtain YMS sampling, even though this information is denied in a recent report (Valleroy et al., 2000). Thus, the inaccurate description of sampling processes jeopardize not only the validity of the study and the credibility of the research team, but also the overall strategic issues of venue selection and reporting in similar studies of this magnitude.

About half of the total number of surveyed YMSM from all cities were White (CDC, 2001a, p. 441), which radically contrasts both phases of the Survey in New York City. This is important because racial classifications in NYC are complex and unique and often fall outside the established pan-ethnic structure and also because surveys often do not accommodate biracial self-classifications. These and other critiques of the study are presented next.

Critique of the Young Men's Survey Results in NYC

Phase I of the Survey in NYC found that being older, of mixed race, Black, or ever having had an STD were factors associated with HIV+ status (Koblin, Torian, Guilin, Ren, MacKellar, & Valleroy, 2000). Almost half of the venues chosen for New York City's sample were street locations. In fact, Koblin and colleagues note that a third of the interview events were non-random, and that the majority of those were street locations. This influenced the demographics of the YMSM surveyed: Over 70% of the

sample were youth of color, not counting the 17% of mixed race, of which some proportion identifies with mixed minority racial backgrounds (see Table 1 for a comparison on demographics by race with phase II).

Phase II of the YMS NYC study report reflects an almost unique focus on *racial* difference in its conclusions about seroprevalence. In this sample, 33% of all African American men, 14% of all Latinos, 2% of all Whites, and 0% of all Asians (although this last N was very small) tested positive for HIV antibody tests. The significant risk factors as outlined in this phase were: being Black or Latino, over 25, recruited at a video store, and having had one or more steady partners in the last six months (contrary to the previous national phase, which defined 20+ partners as a risk factor). As the sample of African Americans in this study had such a high incidence of HIV infection, most conclusions focused on this factor as the central aspect of this study's findings. As we show, though, that racial difference was actually built into the study's methodology.

Table 1

A Comparison Between Racial Categorization and Number of YMSM Surveyed in New York City: 1997-2000

Race Categories	Phase 1	%	Phase 2	%
White	64	11.8	104	19.7
Black	130	24	144	27.2
Latino	222	41	190	35.9
Asian/Pacific Islander	9	1.7	40	7.6
Mixed Race	92	17	---	---
Caribbean/West Indian	20	3.7	---	---
Other	---	---	51	9.6
TOTAL	537	99.2 %	529	100 %

As Table 2 illustrates, an increased rate of HIV infection among Latino and African American YMSM in NYC was found. A decrease in infections for White YMSM were also found, and either “no data” or zero infections for Asian men. These results are central to our understanding of how HIV risk and infection are perceived to be related to certain populations; at the same time, we want to explore how sexual constructions of “Blacks,” “Latinos,” and “Asians” juxtapose based on this data, which we claim has far-reaching implications for people of color’s cultural and socio-political organizing potential in NYC.

Table 2

A Comparison Between Racial Categorization, Number of YMSM Surveyed in New York City, and HIV+ Prevalence: 1997-2000

Race Categories	Phase 1	%	% HIV+	Phase 2	%	% HIV+
White	64	11.8	3.1%	104	19.7	1.9%
Black	130	24	18.4%	144	27.2	32.9%
Latino	222	41	8.8%	190	35.9	14.2%
Asian/Pacific Islander	9	1.7	none provided	40	7.6	0%
Mixed Race	92	17	16.7%	---	---	---
Caribbean/West Indian	20	3.7	none provided	---	---	---
Other	---	---	---	51	9.6	none provided
TOTAL	537	99.2%		529	100%	

Discursive and Community Organizing Implications

We recognize HIV/AIDS as highly influential for language and metaphor (Sontag, 1988), and, like others, we see AIDS discourse overlapping areas including “biological science, informational science, the mass media, popular culture, medicine, and politics” (Kruger, 1996, p. 3). The data of this article specifically pertains to media coverage and government response to these results.

Media Coverage (and Implications for POC Organizing)

In January of 2001, an early release of the YMS findings to some newspapers created some confusion in NYC as the media reported that 1/3 of all African Americans were infected with HIV. *AIDS Education Aimed “Down Low,” Crisis in Color, A New Black Sexual Identity May be an Incubator for AIDS, A Black AIDS Epidemic* were headlines that presented African American men as a major vector for HIV infection based on this misinterpretation of the YMS data.⁴ Just the previous year, and right before the 20th anniversary of AIDS campaigns, gay men of color had presented more seroconversions than White gay men for the first time in the epidemic. Our common demographic associations with the disease changed, and the media noticed.

As the newspaper coverage would illustrate in the following years, many reporters, most notably Benoit Denizet, who wrote the widely read and cited 2003 article on DL culture in the *New York Times Magazine*, explained this shift in demographic by pointing to a specifically African American culture of masculinity that prioritizes virility over caution and rationality in every instance. This same culture, of course, has historically been held responsible for high rates of poverty and teen pregnancy in African American communities; such theories prioritize social psychological explanations over structural ones. With regard to male homosexuality, or bisexuality, this theory of the cult(ure) of Black macho received a twist: the suggestion that homosexuality and/or any type of effeminacy is so repugnant to African American males that gay sex can only occur on the down-low, in secret.

The dissemination of misinterpreted YMS findings also falsely conflated the four racial groupings used in the study, already rough in their operationalization, into a binary, placing Black and Latino men on one side and White men on the other, leaving Asians barely counted at all and placed with Whites inasmuch as they were considered at all. Because the YMS researchers contacted and interviewed very few Asian MSM, they found no incidence of infection, and this finding helped to position Asians in opposition to African Americans and Latinos. Asian Americans in this study, as in some other sectors of urban US society, were subsumed into the White ethnic category while their health needs as sexually active men were ignored. And rather than attend to the structural obstacles that keep Black and Latino MSM from receiving the testing, education, and treatment they clearly do not have adequate access to, sincere and well-meaning reporters chose to focus on their cultural shortcomings and vulnerabilities.

But the media was not the only entity which presented such a one-sided version of the results. The Centers for Disease Control and Prevention (CDC), and their affiliated Health Departments, were also conspicuous in the creation of a dramatic, crisis-based series of announcements.

⁴ Villarosa, Linda. 2001, April 3. “AIDS Education is Aimed ‘Down-Low,’” *The New York Times*; Duncan, Osborne 2001, January 25. “Crisis in Color: One Third of New York’s Gay Black Men, Ages 23 to 29, are HIV-infected,” *LGNY (Gay City News)*; Wright, Kai, 2001, June 6-12. “A New Black Sexual identity May be an Incubator for AIDS: The Great Down-Low Debate,” *The Village Voice*; Herbert, Bob. 2001, June 4. “A Black AIDS Epidemic,” *The New York Times*.

Government Responses to these Results

A NYC Department of Health Press Release informed the public of the recent phase II findings. They state that there is “a continuing high rate of HIV infection among men who have sex with men, with wide racial/ethnic disparities in HIV infection rates among this population despite very little difference among racial/ethnic groups in reported behavioral risks.” (as *per* NYC Department of Health Press Release) The lead investigator in NYC is quoted saying that: “these... findings reinforce the need for targeting AIDS prevention efforts toward populations most at risk.” (as *per* NYC Department of Health Press Release) The disparity between infection rates and behavioral risks is not addressed, nor do the authors surmise what infrastructural aspect of racial differentiation might contribute to variations in infection rates. In addition, the slippage from HIV to AIDS prevention is critical: even into the third decade of the existence of HIV/AIDS, government agencies and media marketers conflate HIV and AIDS in discussing the infection and the illness, which require different preventive strategies.

Moreover, there is no clarity for the government’s focus on racially-reported results, when the survey was not conceptualized on the basis of race, racial categories, or a commitment to a systematic and balanced representation of each of the racial/ethnic groups. By limiting the results to “race,” the study deploys a very political agenda that funds programs targeted at African American (and Latino) communities. The inference of these statements is that there is something “inherently wrong” in the networks of African American men who have sex with men, since their findings cannot explicate a higher prevalence of HIV infection among African Americans. Instead, the study illustrates how African Americans’ sexual behaviors are less risky. In this study, African Americans had, overall, fewer sexual partners, and engaged in less sexual activity in exchange for money or drugs. These results forced the researchers to note that African Americans are more likely to believe that they are HIV positive or that they will be infected in the future, and that, even though they are less likely to have had receptive anal sex in the past six months, the ones that do are more likely to not have used a condom.

Race, but more specifically what we call “Blackness” (general notions of risk and safety of/among African American and Latino MSM), is constructed as irreparable and irreconcilable, a group of people that need a quick response. The government’s institutionalized crisis mode in “responding” to “new” patterns of infection is noteworthy because of the impact this has on non-profits’ funding and operations. We must pay attention to the possibility of biased sampling, of less than 150 African American men recruited for the Phase II NYC site, or of problematizing the methods and the venues chosen. Moreover, is it likely that the surveyors did not see risk simply in the “Blackness” itself? Yet, the open-space (such as the piers) or street-based venues in the city were clearly African American and Latino dominant just as they were also dominated by poor young men and/or by those young men more willing to trade sex for money. This split between “Blackness” and non-Black as a White/people of color dichotomy is illustrated in the following quote,

Our data show very high HIV prevalence among men of mixed race who reported Black backgrounds (16.9%). Prevalence of HIV was also higher

among men of mixed or other race (12.6%) and Hispanics (6.9%), than among Asian Americans and Pacific Islanders, and whites. These findings display the large racial gap in the current HIV epidemic in the United States and point to the need for HIV intervention research, prevention programs, and early care programs for young men of color who have sex with men. (Valleroy et al., 2000, p. 203)

This excerpt successfully distinguishes Asians on the one hand, and Latinos/African Americans on the other, using risk as a dividing border. Immigration experience, discrimination faced, levels of education, socio-economic status, experiences with underemployment, and unemployment: none of these are predictors elaborated on in the study's results available so far. *By ignoring these potentially important factors, "race" is effectively essentialized.* An initial reading might give us the sense that African Americans as a group are a concern to the governmental agencies and the state. However, its essentializing serves to once again measure the level of risk to which the rest of the population is exposed.

A new generation of MSM has replaced those who benefited from early prevention strategies, and minority MSM have emerged as the population most affected by HIV. Socioeconomic factors (e.g., homophobia, high rates of poverty and unemployment, and lack of access to health care) are associated with high rates of HIV risk behaviors among minority MSM and are barriers to accessing HIV testing, diagnosis, and treatment. Minority MSM may not identify themselves as homosexual or bisexual because of the stigma attached to these activities and may be difficult to reach with HIV prevention messages. In addition, the proportion of AIDS cases attributed to heterosexual contact and among women is substantially greater than earlier in the epidemic. (CDC, 2001b, p. 431)

It is significant that the CDC mentions all these structural barriers (poverty, unemployment, no access to health care): Others have gone a step further and named racism faced by Latinos as another social-structural barrier, which does not necessarily constitute new information (Díaz, Ayala, Bein, Henne, & Marin, 2001). Yet, it is the latter part of the excerpt that troubles any possible emphasis on MSM of color: The last sentence alludes to a larger trend in HIV "prevention" in the last 15 years. While bisexual men were accused of transmitting HIV to their unwitting female partners early on in the epidemic, we now see the CDC utilizing empirical data to establish that it is African American MSM, still functionally bisexual, but fitting into a new and racialized category, who primarily continue to infect their still-unwitting female partners. The concept of the bridge to heterosexuality is still sustained by the government, and effectively stigmatizes not only homosexuality or more fluid sexual categories, but minority cultures.

In NYC, public health and anti-retroviral promotion campaigns in recent years have splashed subway cars and bus shelters with images of smiling people of color in markedly immigrant or minority neighborhoods. They are enjoying new lives granted by the antiretroviral therapy or, else, smartly discussing safety and education with partners and neighbors. While the efforts are impressive, in conjunction with the YMS reports,

they reinforce the misapprehension that, in New York, people with HIV and people of color largely comprise the same group.

Qualitative research that challenges general understandings of sexuality, gender, and “MSM” categories

Survey research and other quantitative designs depend on the establishment of dichotomies and fixed categories for their implementation. In a study such as the YMS, sexual and gender categories are essential to the establishment of determining risk and risk factors. Even in ethnographic or epidemiological research, rigidity persists in naming “risk” categories and the concomitant identities inherent in the naming, such as IV drug users, sex partners (Kane & Mason, 1992), and prostitute (Pheterson, 1990).

In the past 15 years, the term “men who have sex with men” (MSM) has been utilized differently, at times to include all males who have, or have had, sex with other men, regardless of self-identification. At others, its meaning aims at slowly replacing the phrase “homosexual and bisexual men” (Rodriguez Rust, 2000). It has also been used to specifically refer to those who do not necessarily identify as homosexual or gay. For example, the MSM term has been used to identify the sexual participation of “bugarrones” or “mayates”, terms utilized by Puerto Ricans and Mexicans to refer to the sexual subjectivities of non-self identified gay men; more succinctly, of social locations that do not constitute resistance to culture or a political movement like the one based on “gayness” (Guzmán, 1997). However, the use of MSM has also erased the self-identification of certain groups, focusing instead on the “acts” the individuals engage in. The category MSM does not, in fact, address the sexual or gendered acts of the individuals involved; it only enlarges the scope of the “men” to be approached for counseling, testing, and referrals, as per the CDC guidelines. In sum, MSM is a confounding category of epidemiological and social science analysis.

Another methodological issue is the sampling. The YMS emphasizes selection of subjects who frequent street venues, which already limits access. Their lack of acknowledgment that the selected venues are Gay identified venues is troublesome because it maximized the opportunities of meeting gay-identified patrons, and not bisexual identified or non-self identified MSM. By collapsing those who self-identify as Gay with those who do not, the survey implies that these groups are the same. At the same time, it eliminates attempts to focus on this hard to reach constituency. Table 3 reveals that both YMS phases heavily depended on gay-identified men in gay identified venues to complete the study.

Thus, MSM is an imposed term, much like gay with a capital “G” (clearly, we are using this concept to emphasize our point and not because we suggest the CDC or similar bodies formally distinguish between “gay” and “Gay”): It reifies its presence as it obscures the blurriness of (non-gay identified) MSM. While we do not mean to imply that the young men surveyed perceive their own sexualities or identities as blurry, the categories, as presented by the surveyors, match sexual types with racial ones, and do not necessarily provide options that suit the young men’s own definitions, which may be more multiplicitous or changeable. The YMS, then, sets an artificial split between men of color as non-gay, and gay men as non-men of color. This is not surprising: the gay identity has been recognized as one driven by middle-class status (Valocchi, 1999) and

Whiteness (Bérubé, 2001). The effects of MSM separated from (G)ay imply homophobia in men of color and a need for corrective measures. This has been stated by Cantú (2000), when assertively arguing that there is no other choice, but American assimilation, for those not conforming to a gay identity.

Table 3

Sexual Orientation/Gender Identity Categorization among YMSM Surveyed in New York City: 1997-2000

Sexual Orientation Categories	Phase 1	%	Phase 2	%
Gay	341	63	381	72
Bisexual	154	28.5	112	21.2
Heterosexual/ Straight	25	4.6	18	3.4
Transgender	---	---	9	1.7
Transsexual	---	---	7	1.3
Other	---	---	2	0.4
None/Don't Know/Refused	21	3.9	---	---
TOTAL	541	100	529	100

But there is also the matter of the relationship between gender and sexuality. Gay identity has also continuously marked distinctions between sexuality and gender (Valentine, 2000, 2002) and has been informed by mainstream anxieties over gender non-conformity (Valocchi, 1999). Almaguer (1993) argued for different understandings of sexuality where one partner in a sexual relationship understood the situation in different gender terms than did the other; Guzmán (1997) has also argued that in some cases, the MSM term does not encompass the gendered negotiations taking place, such that one or more of the partners involved in sex may think that there is a man having sex with a

“non-man,” thus rendering the relationship “heterosexual”. These analyses need to be incorporated in discussions on sexuality among so-called MSM.

In addition, the relationship between sexual orientation and gender identity needs to be underscored. Historically and politically, if not economically and personally, transgender women have been associated with gay men, and it is important that research focusing on “sexual minorities” looks at the overlaps between sexual orientation and gender identity, and specifically, men who have same sex relations and transgender people. When looking closely at the comparison between phases I and II in NYC (Table 3), the “none/don’t know/refused [to answer]” category from phase I adds up to the number of transgender and transsexual respondents of Phase II. Perhaps with age and with exposure to a dominant gay culture that continues to articulate itself in relationship to heterosexuality, the external pressure to conform to gender expression or identify as transgender emerges. Further, younger men are far more likely to resist identification with any category while they continue to gain experience and insight, both politically and sexually.

Many countries outside Europe and the US have different constructions of sexuality and homosexuality, where a gay identity is nonexistent or rare. Their experiences with managing sexual orientation categories, whether as actual sexual orientations, or genders, or in relationship to religious and cultural aspects, are varied—at times fitting within personal narratives of homophobia but not at others. Even within the US, there are (male) populations that negotiate sexual activities (e.g., what constitutes sex *per se* or lack thereof: for example, preventing ejaculation, or penetration, or preserving anonymity) differently. It is imperative to recognize this before initiating a project of producing sexual identities that may or may not be welcomed into a given community. Moreover, it is key to not assume that the only option to not identifying as gay is rooted in homophobic bases. This is a challenge in a country, which, during the last three decades, has focused on recognizing a gay sexual orientation as an alternative to heterosexuality. These political, oppositional, and rigid sexuality constructs are imposed in studies that aim at documenting the irreducibly complex sexual identities of racialized and immigrant communities.

We see this in table 4, when we compare the sexual identity categories of individuals vis à vis their past sexual activities. Clearly, a significant number of the YMSM who answered the survey have had, or continue to have, sexual experiences with women, yet the majority currently identify as gay. In a social order of poles (Black/White, woman/man, homosexuality/heterosexuality) we often simplify sexual, gendered and racial systems. Bisexuality is not a viable option as an identity for many, since the move through the realm of sexual activities can only be transitional. Even when people identify as bisexual, the category is frequently deployed as a logical one: I exchange sex for money with men, but I have a girlfriend, therefore I am bisexual. This, plus the fact that venues or spaces for bisexually-identified people are rare, and the fact that the YMS study recruited bisexuals only in overwhelmingly gay venues leads us to conceive of bisexuality as a transitional mark of sexuality, or at best, as a descriptor of an array of sexual activities irrespective of sexual attractions and self-identification. We might have seen different findings if subjects had been recruited from entering classes at City University of New York colleges, for example, or from the large, relatively sexually-mixed nightclubs in the city.

Table 4

Comparison of Reported Sexual Orientation/Gender Identity against Sexual Behavior/History among YMSM in NYC's Phase II

Sexual Orientation and Gender Identity Categories	N	%	Sexual Behavior/History	N	%
Gay	381	72	Ever had sex with female	364	68.8
Bisexual	112	21.2	Ever had anal sex with another man	506	95.7
Straight	18	3.4	Ever exchanged sex for money	61	12.9
Transgender	9	1.7			
Transsexual	7	1.3			
Other	2	0.4			
TOTAL	529	100			

Conclusion

In critiquing a national survey in this article, we have illustrated some of the implications of media's reproduction of risk in certain racial groups, and the government's lack of response (indeed, active participation) in reifying this perception. Through exploring the cultural understandings of sexual activities in relation to risk and identity, we show how a Black/White racial system as well as a gay/straight sexual system, are pervasive. Moreover, we have shown how bisexuality as a risk category to the rest of society is not only not problematized, but restored after 20 years into the AIDS pandemic and into the body of African American men. We trust that with the de-funding of many AIDS service organizations, and subsequent funding of faith-based initiatives, research like ours opens up the critical work ahead for progressive institutions whose primary concern *is* HIV prevention.

The YMS focus on public venues posed a series of interpretive problems, especially in terms of research that does not recognize the impact it has on the venue. By entering these sites, YMS became a financial possibility to potential informants, just like sex work, panhandling, or selling drugs, as many of the venues' patrons incorporate opportunities like this one into a street economy survival system. Take, for example, the Village, Christopher Street, and the Piers: these venues represent an inside/outside, consumer/producer economy where more affluent (and frequently older) men can participate in the bar/club and eating/shopping economy, while others remain outside businesses and create their own means of economic support. This economy is at times reconstitutive of inside gay identities, and outside bisexual or transgender ones, if at all

(we have noticed how youth on the Piers and Christopher Street do not adhere to the categories bar patrons might defend). The analysis of the ecology and multiple layers of a venue are misinterpreted and reproduced as homophobic, losing any opportunities to understand alternative identifications and sexual relations.

The racial categories utilized in the YMS posed limitations to the respondents, as 1 or 2 out of 10 simply did not fit within the ones common to current racial discourses; the sexual categories produced the same difficulties. Thus, transgender/transsexual people were included in YMS surveys, but no specific information about their sexual orientation was given, because asking for such information confounds the relationship between the two in a YMS study. While doing so could be significant in terms of the recognition of politico-legal debates and struggles between gays, lesbians, and bisexual and transgender individuals, the study shows no intent in addressing these. And sex work and the dubiousness of “MSMs” are dismissed as matters too complex to be addressed, or too racially simple to be reconsidered.

Continuing to exclusively or primarily use quantitative methods to accurately and meaningfully represent the increasingly complex racial and sexual experiences and identities of politically marginalized populations confounds findings. The pivotal nature of concretized and often binary categories for such work are a function of, and achieve in turn, reductive conceptual presumptions that falsely treat fetishized categories as natural. At the very least, it demographically misclassifies subjects into categories that diverge from those with which they might identify themselves or with which, equally importantly, their sexual partners might identify them. It changes what we know of how people understand themselves and their behavior in terms of sexuality and risk, and this confusion compromises the researchers’ ability to implement policy or make recommendations to alter future choices or action, to effect successful preventative healthcare. HIV/AIDS prevention work has left much to be desired with regard to its success rates, and the fields of demography, social work, and epidemiology all struggle with how to align and adapt their information gathering methods to changing identities, discourse, and economies of sex and sexuality. It is time, however, to acknowledge that, although the methods require more investment of resources, money and training, qualitative and interpretive methods can no longer be simply supplementary, or altogether secondary, to quantitative data gathering about risk and behavior. Rather, both must be integrated in order to gather accurate and useful information and to avoid the presentation of confounded results based on reductive data. Although these elements can be avoided in qualitative research, it is not our claim that one method supplants the other successfully, but rather, that a critical analysis of these categories that organize young people’s lives is needed in order to address HIV prevention specifically, and human sexuality, racial/ethnic identification, and gender identity more broadly. A quantitative study that could address these questions adequately could not easily be reduced to racialized pie charts, or their equivalent, in newspapers. Perhaps, it is bowing to the pressures of newsbyte packaged information for the reporting of scientific data that truly hampers the social scientific process. Open-ended interviews and extensive surveys, however, allow for the recreation of identification categories grounded in the data, which would allow for a more realistic mapping of the epidemic. It is the forced application of static racial and sexual categories to report the experiences of young men who do not necessarily understand or identify with them that skewed the reporting of these findings. Statistical

data gathering is necessary to legitimate and concretize research studies that might otherwise be sidelined in mainstream institutions, but this forced application of concretized types, however, is done for legitimating purposes, and we believe that the misinformation produced is a key reason for the extremely limited success of prevention work thus far in the epidemic. By posing these critiques to further examination of HIV risk, we hope to have helped to promote the application of queer theoretical ideas to traditional public health work.

We await the publication of results from the Phase II of this study. In the meantime, we hope that the language of our critique does not reinforce the split already produced in so many other contexts: academic settings, governmental institutions, even Pride marches. Racial categorizations as we know them are enabling a sexualized interpretation of race that obfuscates other patterns of sexual behavior and HIV risk activities. We welcome the opportunity to engage in interrogating those, but certainly not without being critical of how these racial constructs can mislead future HIV prevention programming and policies.

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Author Note

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